

**County Approver Certification** MC5273 (03/13)  
**For Access to Confidential Mental Health Information****County:** \_\_\_\_\_

To ensure the confidentiality of county mental health data, the Department of Health Care Services, Information Technology Web Services (DHCS-ITWS) requests the county mental health director designate a primary and a secondary contact to be responsible for approving county staff requests for access to confidential patient data in the systems listed below. Please complete the information below and e-mail the form to "DHCSMHSDAPPCert@dhcs.ca.gov". If you have any questions, please contact MHSD-App-Cert group via above mentioned e-mail.

**Primary Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Approver's Signature: \_\_\_\_\_

(Signer acknowledges having read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)**Secondary Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Approver's Signature: \_\_\_\_\_

(Signer acknowledges having read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)**Appointed Vendor(s):** (If applicable)

The vendor listed below has the authority to receive, send and process the above named county's confidential mental health information as indicated below. The vendor will establish its own primary and secondary approving contacts.

Vendor Name: \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Mental Health Systems:**

Please check the systems for which the above individuals and/or vendors may authorize access requests:

☐ **CFRS** Cost and Financial Reporting System☐ **MHSA** Mental Health Services Act☐ **MMEF** Monthly MEDS Extract File☐ **POQI** Performance Outcome Quality Improvement  
(aka Consumer Perception Survey)☐ **PRV/LE** Provider/Legal Entity☐ **SD/MC** Short-Doyle/Medi-Cal Claims☐ **SDA** Statistics and Data Analysis  
(aka Mental Health Analytics)**County Mental Health Director Certification:**

I designate the above individuals (and vendor, if applicable) to have independent authority to approve access requests to specific confidential mental health patient data. DHCS-ITWS may rely on approvals, denials, and changes made by the above individuals/vendor in its processing of access requests to this county's data in the systems listed above. As changes occur to the above approving contacts or vendor information (name, phone, e-mail), I will sign an updated certification and forward it to "DHCSMHSDAPPCert@dhcs.ca.gov". Also, I acknowledge reading [Letter No. 99-02](#) regarding **Confidentiality of Client Information**.

\_\_\_\_\_  
County Mental Health Director (Signature)\_\_\_\_\_  
Printed\_\_\_\_\_  
Date